



**The International Association for Volunteer Effort (IAVE 2017)
22-26 November 2017
HOTEL ROOM BOOKING FORM**

Title : Prof () Dr () Mr () Mrs () Ms ()
 Name (as per NRIC/Passport) : _____
 Organisation : _____
 Tel: () _____ Fax: () _____ Mobile: () _____
 E-mail: _____ Nationality: _____

BOOKING DETAILS

Hotel : Le Apple Boutique Hotel KLCC
 Room Rate : () RM260.00 Deluxe Room inclusive of Buffet Breakfast for 1 or 2 persons

 Check in Date : _____ Check out date : _____
 Number of room(s) : _____ x Superior Room / Deluxe Room
 Room Charges : RM _____ x _____ Rooms x _____ Nights = RM _____

Cancellation and No Show Policy

- Any cancellation within 3 days from arrival date will be charge a penalty of 1 Night Stay charges.
- In the event of No-Show, 1 Night penalty charges will be imposed

Payment Details

() Credit Card () Bank Transfer/Telegraphic Transfer () Cheque
 Credit Card Number

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 CVC/CVV

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 Cardholder Name

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 ExpiryDate

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() Visa () MasterCard () Amex

For cheque and Bank Transfer, please pay to this below details
 Payable to : LE APPLE BOUTIQUE HOTEL (KLCC) SDN BHD
 Bank : PUBLIC BANK BERHAD
 Branch : MAIN BRANCH, JALAN AMPANG
 Bank Account : 318 754 2036
 Swift Code : PBBEMYKL XXX

**Note: Kindly send us a scan or fax copy of bank transfer slip for account purpose. Please take note that the registrant must bear all Bank charges such as commission and transfer charges if payment is transacted via Telegraphic Transfer/Online Transfer

Declaration

I, hereby understand with the terms and conditions, cancellation and No-Show Policy stated above and agree to place a reservation as per details as above.

Authorized Signature _____

Name : _____ Date : _____

Please send this booking form via email or fax to:

Contact Person: Ho Weng Kheong (Senior Sales & Marketing Manager)

Tel: +603 2179 3618 Fax: +603 – 2179 3699

Email: sales@leapple-klcc.com.my / ssmmgr@leapple-klcc.com.my

Website: www.leapple-klcc.com.my

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